

## Safety Declaration Form for Research, College of Pharmacy-KSU

This declaration form is to be used by graduate student and researcher to provide information about the project and declare that it doesn't involve the use of any biohazardous substance/equipment, and it is covered by sufficient safety measures to control the risk to an acceptable level. The form is to be endorsed by the principal supervisor of the project, Department Chairman, or Vice Dean. This form must be typed, signed, and submitted to Vice Deanship for Graduate Studies and Scientific Research at: [pharmvdgsr@ksu.edu.sa](mailto:pharmvdgsr@ksu.edu.sa)

\*(Electronic signature can be used in this form)

### Part 1. General Information

#### I. Research Information

Project title:	
Lab Location	

#### II. College of Pharmacy-KSU Investigator Information

Graduate Student/Researcher:	
Department:	

Status:	<input type="checkbox"/> Researcher	<input type="checkbox"/> Hospital Staff	<input type="checkbox"/> Post-Doctoral
	<input type="checkbox"/> Resident/Fellow	<input type="checkbox"/> PhD. Student	<input type="checkbox"/> Master's Student
	<input type="checkbox"/> Other _____		

Student ID/Employee ID number:	
Phone:	
Emergency no. for after hours:	
E-mail:	

#### III. Principal Investigator Information

Principal investigator:	
Department:	
E-mail:	

## Part 2. Declaration

### I. I declare that the project (please mark only one of the two boxes below)

- Does not involve the use of any biohazardous substance/equipment.  
 Involves the use of the following biohazardous substance(s) and/or equipment

Please mark the relevant box(es) below, and provide information:

- Biological agents: \_\_\_\_\_  
 Chemicals: \_\_\_\_\_  
 Other hazards (please specify): \_\_\_\_\_

### II. I declare that:

- I am authorized to conduct procedures under my project, I am aware of the risks involved in my project, and I have attended the institutionally required researcher training course. (For more information, please visit Deanship of Scientific Research-Training [website](#) or Collaborative Institutional Training Initiative (CITI) Program [website](#) ).
- I have been given training and instructions by my supervisor to control the risks identified.
- I have been provided with the necessary equipment and facilities to conduct my project safely.
- I will obtain approval from the Research Ethics Committee (REC) before starting the study or initiating any significant changes in this study.
- I will notify the Institutional Review Board (IRB), or Institutional Animal Care Used Committee (IACUC) or other Pertinent Research Approvals, regarding any unexpected study results that impact the health.
- I am familiar with and will comply with KSU and all pertinent institutional, and Kingdom of Saudi Arabia rules and policies.

<b>Graduate Student/Researcher</b>	Name:	Signature:	Date:
------------------------------------	-------	------------	-------

### Part 3. Endorsement by Principal Supervisor, Department Chair, or Vice Dean:

I endorse the above safety declaration made by \_\_\_\_\_ (student/ Researcher name)

<b>Principal Investigator</b>	Name:	Signature:	Date:
-------------------------------	-------	------------	-------

<b>Department Chair</b>	Name:	Signature:	Date:
-------------------------	-------	------------	-------

<b>Vice Dean</b>	Name:	Signature:	Date:
------------------	-------	------------	-------